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CONFIRMATION NO. 3387

SERIAL NUMBER 10/776,650	FILING DATE 02/11/2004 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 532/2x4 (F-280 Cont III)
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APPLICANTS

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cm

** CONTINUING DATA *****

This application is a CON of 10/382,702 03/06/2003 PAT 6,908,484

cm

** FOREIGN APPLICATIONS *****

none cm

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>cm</i>		

ADDRESS

000530

LERNER, DAVID, LITTENBERG,

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600 SOUTH AVENUE WEST

WESTFIELD, NJ

07090

TITLE

Cervical disc replacement

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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